



**TOWN OF AMHERST
APPLICATION FOR A TAXI DRIVER/CHAUFFEUR
LICENSE**

To the Local Permit Agent:

Date: 3/6/10

The undersigned hereby applies for a Taxi Driver/Chauffeur License in accordance with the provisions of the Statutes relating thereto:

NAME: Joshua M. Chiccone

ADDRESS: 185 Earl Street Apt #2 Troy New York

TELEPHONE: (860) 221-6672

NAME OF COMPANY FOR WHICH YOU WILL BE DRIVING TAXI: GREEN TAXI

DATE OF BIRTH: 06-05-1990 SOCIAL SECURITY #: _____

HEIGHT: 6'0" WEIGHT: 190 HAIR: BRWN EYES: BRWN

DRIVER'S LICENSE #: 230-354-355

DATE OF EXPIRATION: 06-05-2011

I HAVE NOT BEEN CONVICTED OF A CRIME IN THE LAST FIVE (5) YEARS.

APPLICANT'S SIGNATURE: _____

APPROVED/NOT APPROVED: Chief of Police , 3/9/2010
Date

Date Approved/Denied: _____ License # _____

Remarks: _____

☆Please return this application to the Select Board's Office, 4 Boltwood Ave., Amherst, MA 01002